

# TLC Trial Form V1LOG.03 Participant Tracking Form

Center ID:	_____ - _____
Screening ID:	S _____ - _____
Visit Code:	V 1

**INSTRUCTIONS:** This form is to be filled out at Pre-Randomization Visit 1 (V1) after Stage I Informed Consent has been obtained. The personal information on this form is for **Clinical Center use only** and is not to be released to personnel outside this Clinical Center. If Stage I Informed Consent is not obtained, or if the child is not eligible for enrollment in the TLC Trial on the basis on medical history or physical exam, please fill out the Administrative Matters section of the form **only**.

I am going to ask you for some information which will help us keep in contact with you over the next few years. We want to have this information on file so that we will know how to get in touch with you to see how <insert child's name> is doing, even if you move. The information you give me will **only** be used to try to contact you later on for clinic visits. None of this information will be given to anyone outside this clinic.

## WORK PLACE

If you work outside your home, please tell me where you work and the phone number.

**Name** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Company Name Telephone*

**Address** \_\_\_\_\_  
*Street address*

\_\_\_\_\_ City State Zip

## PHARMACY

Please tell me the name, address, and phone number for the pharmacy or drug store you usually use to fill prescriptions for <insert child's name>.

**Name** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
*Pharmacy Name Telephone*

**Address** \_\_\_\_\_  
*Street address*

\_\_\_\_\_ City State Zip

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## TLC SUBJECT'S BIOLOGICAL MOTHER

If you are not <insert child's name>'s **biological mother**, please tell me her name, date of birth, address, and phone number, if you have this information.

**Full Name**

\_\_\_\_\_

*Last* *First* *Middle*

**Address**

*(if different from child's)*

\_\_\_\_\_

*Street address* *Apartment*

\_\_\_\_\_

*City* *State* *Zip*

**Telephone**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Workplace Telephone**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Is she involved in <insert child's name> care?      ( ) No      ( ) Yes

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## TLC SUBJECT'S BIOLOGICAL FATHER

If you are not <insert child's name>'s **biological father**, please tell me his name, date of birth, address, and phone number, if you have this information.

**Full Name**

\_\_\_\_\_

*Last* *First* *Middle*

**Address**

*(if different from child's)*

\_\_\_\_\_

*Street address* *Apartment*

\_\_\_\_\_

*City* *State* *Zip*

**Telephone**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Workplace Telephone**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Is he involved in <insert child's name> care?      ( ) No      ( ) Yes

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## OTHER CONTACTS

Please give me the names and addresses of two other people, besides you and <insert child's name>, who would be likely to keep in touch with you over the next few years.

**CONTACT #1**

**Full Name**

\_\_\_\_\_

*Last* *First* *Middle*

**Address**

\_\_\_\_\_

*Street address* *Apartment*

\_\_\_\_\_

*City* *State* *Zip*

**Telephone**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Relationship**

\_\_\_\_\_

Keep at:  
TLC Clinical Center

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CONTACT #2

**Full Name** \_\_\_\_\_  
*Last* *First* *Middle*

**Address** \_\_\_\_\_  
*Street address* *Apartment*

\_\_\_\_\_ *City* *State* *Zip*

**Telephone** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Relationship** \_\_\_\_\_

ADMINISTRATIVE MATTERS

**Date of Clinic Visit V1** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *mm/dd/yy*

**TLC Staff** \_\_\_\_\_ *Signature* \_\_\_\_\_ *TLC Code*

**Eligibility status** ( ) Eligible ( ) Not eligible, specify: \_\_\_\_\_

*If eligible:*  
**Date of Clinic Visit V2** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *mm/dd/yy* **Time** \_\_\_\_\_ : \_\_\_\_\_

**Date of Home Visit H1** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *mm/dd/yy* **Time** \_\_\_\_\_ : \_\_\_\_\_

COMMENTS